

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

SUBJECT: Pulmonary Rehabilitation	Protocol #: PA P230.04 Protocol Pages: 1 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: June 1999 Latest Review Date: May 2002
APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input type="checkbox"/>	
MIHS HEALTH PLANS APPROVALS: Director, Medical Management: _____ Date: _____ Medical Director: _____ Date: _____	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Pulmonary Rehabilitation.

PROTOCOL:

- A. The prior-authorization specialist may approve **with Medical Director review** and if the following are present and recommended by a Pulmonary Specialist:
 - 1. Results from pulmonary function testing indicate less than 50% of normal respiratory capacity,
 - 2. There are specific problems performing activities of daily living **and**
 - 3. There is a specific treatment plan directed at achieving specific goals.
- B. Approval may be made for a maximum of 8 sessions, followed by 8 more if improvement can be documented.
- C. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- D. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.